
EDITORIAL

Welcome to our final publication of 2017. This edition is bountiful and it extends our understanding of diabetes and obesity more completely. It is also extensive and involves research undertaken in Iran, Nigeria, Guinea, the Western Cape, and Johannesburg. As such, it highlights many of the “on-the-ground” challenges the developing world, including South Africa has to contend with. This edition also remains wide in its span and it alludes to many aspects of diabetes-obesity and includes basic science research, dietary application, public health challenges, quality of life and non-communicable disease, clinical outcomes and guideline updates.

The use of probiotics to promote health is receiving increased attention and advocates of this therapy are also now focussed on their role in disease treatment. Asgharzadeh et al. investigated the role of probiotic therapy in reducing oxidative damage in the beta cell of a rat model. The practical investigation of indigenous diets is also presented and Olopade et al. identifies differing glycaemic indices within two sub-species of commonly consumed staple legume in Nigeria. The world is severely challenged by the diabetes epidemic, and a major component of this comprises of 50% of diabetic patients who do not even know they have diabetes. In this regard Baldo et al. confirms

that this public health deficit is widely prevalent in Guinea. Obesity is associated with significant morbidity and its impact on quality of life is often overlooked. Tisane et al. report on a very unique cohort of obese and pregnant women (both with morbid- and super-obesity) and certainly provide evidence that, even from this psychological dimension, obesity should be classifiable as a formal disease. Apart from the “health care system” only able identify half the patients who have diabetes, we are also deficient in assuring that the 50% of the diagnosed patients achieve metabolic targets. Daya et al. indicates clearly, and disappointingly so, that 90% of diabetic patients attending a major hospital failed to attain LDL-cholesterol targets. Finally, a summarised flyer of the newly-revised SEMDSA guidelines provides near-ideal guidelines for therapy choices in our patients with uncomplicated, type2 diabetes. It is important to note that a “differentiated” guideline does exist for high-risk patients especially in the patients in whom secondary prevention from further cardiovascular events is indicated.

From the editorial team of JEMDSA a happy and healthy New Year.

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